

# Committee for Political Action (PAC) Registration Form

FILE

OCT 29 2003

State of Nevada

DEAN HELLER  
SECRETARY OF STATE

Print or type the following information; complete both sides of this registration form:

REGISTRATION: (check one) ☒ New registration ☐ Amended registration (if amended list reason)

REASON FOR AMENDMENT: ☐ Change in officers ☐ Change resident agent  
☐ Other

NAME OF COMMITTEE:

Mailing Address:

MORE COPS COMMITTEE  
2290 S. JONES BLVD., #100  
LAS VEGAS NV 89146  
City State Zip

Telephone Number: (702) 221-7950

Facsimile Number: (702) 221-8529

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

PURPOSE: (Briefly state the purpose for which the political action committee was organized.)

PROMOTE THE FUNDING OF ADDITIONAL POLICE OFFICERS  
IN THE METRO SERVICE AREA.

RESIDENT AGENT: (Pursuant to NRS 294A.260, each committee for political action must appoint and keep in this state a resident agent who must be a natural person who resides in the State of Nevada.)

Name of Resident Agent:

Mailing Address:

MIKE SULLIVAN  
2290 S. JONES BLVD., #100  
LAS VEGAS NV 89146  
City State Zip

Telephone Number: 702.221.7950

Facsimile Number: 702.221.8529

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

## ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT

I, MIKE SULLIVAN, hereby accept appointment as Resident Agent for the  
above named committee for political action.

Signature of Resident Agent

10/22/03  
Date

1031

**OFFICERS:**

(Please list the name, title and address of each officer.)

Name JOHN P. PAGE  
Title GEORGE  
PRESIDENT

Address 3445 WESTWIND DR.  
City/State/Zip LAS VEGAS, NV 89146

Name JIM FERRENCE  
Title TREASURER

Address 1820 DAWN RIDGE AVE.  
City/State/Zip HENDERSON, NV 89074

Name \_\_\_\_\_  
Title \_\_\_\_\_

Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_

Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_

Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

**AFFILIATION:** (If the committee for political action is affiliated with any other organizations, list the name and address of each organization.)

**Name of Organization:**

**Address:**

**Submitted By:**

JIM FERRENCE  
Name of representative of group

10/22/03  
Date

Send Completed Form to:  
SECRETARY OF STATE  
101 NORTH CARSON STREET #3  
CARSON CITY, NEVADA 89701-4786  
PHONE: (775) 684-5705 FAX: (775) 684-5718